COMPLAINT AFFIDAVIT

THIS AFFIDAVIT MUST BE COMPLETED AND NOTARIZED BEFORE ANY ADMINISTRATIVE ACTION CAN BE TAKEN AGAINST A DRIVER

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION: 1. Complainant Name: _____ Address: ___ State: _____ Zip: ____ City: _____ Telephone: Work: _____ Home: ____ _____ Mobile: _____ Would you like to be contacted regarding the outcome of your complaint? Yes No Information about offending company or driver: Company Name: _____ Vehicle or Permit #: Driver's Name: Type of Service: Details of Complaint: <u>Time</u>: _____ Location: SIGNATURE OF COMPLAINING PARTY: _____ Sworn to before me this ______ day of ______, 20_____. My Commission Expires: Notary Public, Harris County, Texas FAX TO: Kathryn Bruning 281-233-2052 MAIL TO: CITY OF HOUSTON TRANSPORTATION SECTION **KATHRYN BRUNING 5050 WRIGHT ROAD HOUSTON, TEXAS 77032**

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Notary Seal/Stamp in this box.